	1-1-9989 को स्थिति	1-1-1990 को स्थिति
(ii) प्रति लाख आबादी पर पलंगों की संख्या	74 (कुछ राज्यों के आंकड़े न होने के कारण सूचना अद्यतन नहीं है।)	74.5

नोट:—वर्ष 1991 की सूचना तत्काल उपलब्ध नहीं है।

(घ) शहरी और ग्रामीण क्षेत्रों में डाक्टरों, अस्पतालों/औषधालयों और उपलब्ध पलंगों की प्रतिशतता

(i) डाक्टर — 31 मार्च, 1991 को प्राथमिक स्वास्थ्य केन्द्रों में 21,428 डाक्टर कार्य कर रहे थे। इसके अतिरिक्त 2416 विशेषज्ञ सामुदायिक स्वास्थ्य केन्द्रों में कार्य कर रहे थे। ग्रामीण और शहरी क्षेत्रों में डाक्टरों, प्राइवेट, चिकित्सकों के ब्यौरे के बारे विशिष्ट आंकड़े उपलब्ध नहीं हैं।

	शहरी क्षेत्र (1-1-90 को)		ग्रामीण क्षेत्र (1-1-90 को)	
	संख्या	प्रतिशतता	संख्या	प्रतिशतता
(ii) अस्पताल (सरकारी और प्राइवेट दोनों)	7,005	68.86	3,167	31.13
(iii) औषधालय	15,557	55.00	12,747	45.00
(iv) अस्पताली पलंग	5,06,768	84.11	95,723	15.89
(v) औषधालय पलंग	9,286	40.50	13,642	59.50

(ङ) सन् 2000 ईसवी तक, डाक्टरों, अस्पतालों, औषधालयों की आवश्यकता।

सन् 2000 ईसवी तक की ऐसी आवश्यकताओं के बारे में विशिष्ट रूप से कुछ निर्धारित करना सम्भव नहीं होगा क्योंकि यह सामाजिक आर्थिक और सांस्कृतिक स्थितियों, संचारी और गैर संचारी रोगों की व्यापतता, जनसंख्या के आकार और इसके गठन आदि जैसे कई कारणों पर निर्भर करता है।

Action Plan for Family Welfare Programme

234. MISS SAROJ KHAPARDE :
DR. SANJAYA SINH :

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to refer to the reply to Unstarred Question 538 given in the Rajya Sabha on the 27th November, 1992 and state :

(a) whether Government have since finalised the details of the Action Plan to impart a new thrust and dynamism to the Family Welfare Programme ;

. (b) if so, the details thereof ;. .

(c) whether . Government have since-considered the suggestion of making, the two children norm obligafairy for eligibility for any elected office; andl

(d) if so, what is Government's decision in this regard ?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI M.L. FOTEDAR) : (a) Yes, Sir.

(b) The action Plan highlights the need for evolving a national consensus in support of the Family Welfare Prog ramme and to obtain the willing partici pation of allsectioni of the society. its key features include; (i) improving the quality and outreach of family welfare services. (2) diffe rential strategy for special focus on 90 poor performing districts (Birth rate of 39 per thousand population and above as *per* the 19S1 census), (3) developing mechanism to make available funds to States/UTs on the basis of reduction of actual birth rate, (4) increasing the coverage of younger age couples through vigorous Promotion of spacing methods, *(5)* introducing new contraceptives and improving the quality of contraceptives, (6) strengthening family welfare schemes in urban areas especially in slum pockets. (7) revitalising training activities of medical/para-medica! personnel with emphasis on motivational and counsell ing aspects, (8) sustaining the good work done under the Universal Immunisation Programme and strengthening of other interventions for Maternal and Child Health Care, (9)reorientafion of informa tion, education and communication efforts to focus on the quality of life issues and interpersonal communication, (10) involving voluntary and non-governmen tal organisations in a big way to promote active community participation in the programme, (11) gearing up of the im plementation machinery in the States/ UTs and (12) envolving high level inter-sectoral coordination mechanisms at the national, State and district levels etc.

(c) and (d) The suggestion that the acceptance of two child norm be made obligatory for eligibility for any elected office, prospectively and not retrospec tively, has been unanimously endorsed in the Conference of Ministers incharge of Health and Family Welfare in the States/Union Territories held at New Delhi on the 6th-7th January, 1992. The modalities of implementation are being worked out.

Prevention of Aids

235. SHRI V. NARAYANASAMY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether Government propose to bring major programme for prevention of ADDS m the Country in the near future; and

(b) which are the organisation to be in-volved in AIDS control mission in ou>-country ?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FA MILY WELFARE (SHRIMATI D.K. THARADEVI SIDDHARTHA) : (a) There is already a National AIDS Control Programme in the country. Negotiations have been recently concluded with the World Bank for financing the National AIDS Control Project at the cost of US S 100 million. The International Development Association (a soft loan affiliate of the World Bank) will be providing US $ 85 million (Rs. 229- 5 crores) for the project, which will be implemented f?r a period of five years from 1st April, 1992.

(b) It is proposed to establish a National AIDS Control Authority at the national level for implementing the project. The organisations actively involved in the National AIDS Control Programme are the Union Ministry of Health and Family Welfare, Directorate General of Health Services, State and Union Territory Health Departments, Medical Colleges and Non-government organisations.

Ban of sale of sub-standard drugs

236. SHRI V. NARAYANASAMY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether it is a fact that Government have banned sale of sub-standard drugs in the country for the last one year ; and

(b) if so, what are the names of the companies which were banned for producing drugs in the country ?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D.K. THARA DEVI SIDDHARTHA): (a) and (b) Whenever any sample of drug, taken by the Drugs Inspector, is found to be sub-standard, action like withdrawal of that particular drug from the market; stopping production of the drug; cancellation/suspension of licences, prosecution etc. is taken against the firm by the State Licensing Authority as per the provisions of Drugs and Cosmetics Act, 1940 and Rules thereunder. Some States, however, also publish the particulars of , sub-standard drugs in newspapers stating that these drugs are prohibited or banned for sale.